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BIBDATASHEET

CONFIRMATION NO. 8639

Bib Data Sheet

SERIAL NUMBER 10/091,398	FILING OR 371(c) DATE 03/07/2002 RULE	CLASS 333	GROUP ART UNIT 2817	ATTORNEY DOCKET NO. 017750-698
APPLICANTS Seong-Hwoon Kim, Ocoee, FL; Michael E. Weinstein, Orlando, FL;				
** CONTINUING DATA ***** <i>Ad Nu</i>				
** FOREIGN APPLICATIONS ***** <i>Ad Nu</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/27/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allwance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 20
			INDEPENDENT CLAIMS 4	
ADDRESS Patrick C. Keane BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404 Alexandria, VA22313-1404				
TITLE INLINE WAVEGUIDE PHASE SHIFTER WITH ELECTROMECHANICAL MEANS TO CHANGE THE PHYSICAL DIMENSION OF THE WAVEGUIDE				
FILING FEE RECEIVED 2292	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 8639

SERIAL NUMBER 10/091,398	FILING DATE 03/07/2002 RULE	CLASS 343	GROUP ART UNIT 2821	ATTORNEY DOCKET NO. 017750-698
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APPLICANTS

Seong-Hwoon Kim, Ocoee, FL;
Michael E. Weinstein, Orlando, FL;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Waveguide
Inline phase shifter with electromechanical means to change the physical dimension of the waveguide

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit